07263

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 3 yrs. 3 mo., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3538- 13'th, N.W.

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) RAYMOND (Last) BARBEE
4. DATE OF DEATH: (Month) July (Day) 28th (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/1/01
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-cashier - Auditor Dept
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Savannah, Georgis
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Barbee
14. MOTHER'S MAIDEN NAME: Marie Lingg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 267-26-7517
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Miliary Tuberculosis — 1 yr 5 mos.

002 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b

(c) Pulmonary Tuberculosis — 3 yrs 4 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to July 28th, 1951, that I last saw the deceased alive on July 28th, 1951 and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) MD — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md — DATE SIGNED: 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 7/31/51 — NAME OF CEMETERY OR CREMATORY: Wash Nat Cemetery — LOCATION (City, town, or county): Suitland Md — (State): Prince Geo

DATE REC'D BY LOCAL REG.: 7/28/51 — REGISTRAR'S SIGNATURE: Neil Weiss — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 5801 Cleveland Ave Riverdale, Md

390 807

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07264

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mitchellsville | LENGTH OF STAY (In this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mitchellsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Lavania	Bean	July	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	9/15/1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Oh Farm	Silver Spring - Montgomery Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Thomas~~ James Oscar Harvey	Lavania Virginia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Mrs. Ethel A. Weaver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility - Circulatory Collapse	
443X 932	(c) ateletasis -	10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis - Left Paralysis - 1 year Arteriosclerosis - Hypertension Heart Disease - Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950 to 7/15, 1951, that I last saw the deceased alive on 7/15, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hymen Kurt M.D.	R F D Bowie Md.	7/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/18/51	Whitfield	Lanham	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/51	Amanda Downey	F. Rascha Sons	Hyattsville Md
7/21/51	Agnes M. Yingling		

VS. A15

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JUL 24 1951
BUREAU V. S

07265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 5th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Latta (Middle) Clark (Last) Bedwell
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar 23 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Pardee Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William C. Clark
14. MOTHER'S MAIDEN NAME Alice Wakefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Nellie Murphy, 610 5th St. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yr.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1951, to 4, 1951, that I last saw the deceased alive on 7/24, 19..., and that death occurred at 40 A.m., from the causes and on the date stated above.

SIGNATURE Robert S M[illegible] (Degree or title) M.D. ADDRESS 402 Main St. Laurel Md DATE SIGNED 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify) entombment
DATE THEREOF July 26
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Washington D C (State)

DATE REC'D BY LOCAL REG. July 26-51
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JUL 30 1951
BUREAU U. S.

Cause of death Film G135 8-1-51 ams
Items 8, 9 FilmG135
8/10/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07261

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) 13 Fowler Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Olive	Mae	Birley	July	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	Feb 18-1911	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland	U.S.A.

13. FATHER'S NAME: Orville Yost
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — None	None	Charles C. Birley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Hemorrhagic Hepatitis Secondary
642.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to Eclampsia
144a (c) Was pre-eclamptic before delivery (8-1-51 - ams)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3/20, 1951, to 7/22, 1951, that I last saw the deceased alive on 7/22, 1951, and that death occurred at 9:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Francis Warner M.D. 2015-R St. N.W. 7/22/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City or town, county) (State)
Burial	July 25 1951	Fort Lincoln Cemetery	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24 '51	Amanda Downey	W. W. Chambers Co.	Riverdale, Md.

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07267

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 3-4th & Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B (Last) Bladen.
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 57
5. SEX Male. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify) Single.
8. DATE OF BIRTH 12/29/1879 9. AGE last birthday 71 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY State Road
11. BIRTHPLACE (State or foreign country) Md 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George Bladen
14. MOTHER'S MAIDEN NAME Georgiana Hare
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Frances Brown Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 2 hrs
331X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b) Gen Arteriosclerosis with Hypertension 6 yrs+
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 19 45, to July 25, 19 57, that I last saw the deceased alive on 6/26/, 19 57, and that death occurred at 6 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. J. Brown M.D. — ADDRESS 7030 Carroll Ave Takoma Park Md — DATE SIGNED 7/26/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/27/1957 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Bladensburg — (State) Md

DATE REC'D BY LOCAL REG. July 27 1957 — REGISTRAR'S SIGNATURE Lacy Severs

24. FUNERAL DIRECTOR — ADDRESS I Resch & Sons Hyattsville Md

This was attended by Prince George Coroner.

970246

RECEIVED
JUL 30 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY: Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Hoyt Vermont

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Gr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 6503 Colesville Rd
STREET ADDRESS (If rural, give location): Hyattsville, Md.

3. NAME OF DECEASED (Type or Print) (First) FORREST (Middle) PERCIVAL (Last) BLUNT
4. DATE OF DEATH (Month) (Day) (Year): July 22 1951
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1896
9. AGE last birthday: 55 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Forrest Hayden Blunt
14. MOTHER'S MAIDEN NAME: Candace Elvira Miltimore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mattie Bailey Blunt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Acute Mesenteric Thrombosis — 36 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-sclerosis — 5-10 yr

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr, 1947, to July, 1951, that I last saw the deceased alive on 7-22, 1951, and that death occurred at 9 30 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M. D. — ADDRESS: 4713 Berwyn Rd College Park, Md — DATE SIGNED: 7-22-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/24/51 — NAME OF CEMETERY OR CREMATORY: St. Phillips — LOCATION (City, town, or county) (State): Quantico Md

DATE REC'D BY LOCAL REG.: July 24, 1951 — REGISTRAR'S SIGNATURE: James Severy — 24. FUNERAL DIRECTOR: F. Gascheson — ADDRESS: Hyattsville Md

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RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0726

Reg. Dist. No. 232

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
LENGTH OF STAY (In this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE California COUNTY Los Angeles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Perry (Last) Bond

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 51

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH 8/9/18 | 9. AGE last birthday 32 yrs. | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rivet[illegible] | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Bond | 14. MOTHER'S MAIDEN NAME Ruth Hannah Goode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS James Bond Brandywine, Md. (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of the head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home | (CITY OR TOWN) Brandywine | (COUNTY) P. G. | (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 31 (Year) 51 (Hour) 6:30 P | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Shot self in the head with rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide X, undetermined ___.*

SIGNATURE Harold H Bond (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 8/1/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/3/51 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Aug 2, 1951 | REGISTRAR'S SIGNATURE R Ernest Smith | 24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-A

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
STREET ADDRESS (If rural, give location) 6727 White House Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Alva	Brashears	7	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Married	Aug 31, 1881	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Stationary	Iowa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Blumer [redacted] Hannan Brashears	Mary Jane Langdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Florence P. Brashears 6727 White-house Rd., Ritchie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Toxemia	
570.2 Antecedent cause(s)	
99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric thrombosis	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 7, 1951 to July 14, 1951 that I last saw the deceased alive on July 14, 1951, and that death occurred at 12:40P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Boyd	M.D.	Forestville, Md.	7/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	7/17/51	Forest Memorial	Forestville, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 16, 1951	P Ernest Smith	Ritchie Bros. Upper Marlboro, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4201- Massachusetts Ave., N.W.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C (Last) BRAUN
4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2/17/84
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Byrne
14. MOTHER'S MAIDEN NAME Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1951, to 7/6, 1951, that I last saw the deceased alive on 7/6, 1951, and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D.
ADDRESS Glenn Dale Sanatorium Glenn Dale, Md.
DATE SIGNED 7/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/6/51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 7/6/51
REGISTRAR'S SIGNATURE Mol Weiss
24. FUNERAL DIRECTOR The S.H. Hines Co., 2901, 14th St. N.W. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07272

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (In this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6211 - Sheriff Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 6211 - Sheriff Rd.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Moses (Last) Braxton

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1957

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 22, 1880
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Public school
11. BIRTHPLACE (State or foreign country) Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Wilton Braxton
14. MOTHER'S MAIDEN NAME Mary Daggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mattie Braxton - (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 days
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-	?
13a	(c) Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1950 to July 28, 1957, that I last saw the deceased alive on July 28, 1957, and that death occurred at 4:55 a.m., from the causes and on the date stated above.

SIGNATURE H. E. Bellon (Degree or title) M.D. ADDRESS 4423 - Hunt Pl. NE, Washington, DC DATE SIGNED 7-28-57

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 28 July 51 NAME OF CEMETERY OR CREMATORY Citizen Mortuary LOCATION (City, town, or county) Alexandria Va. (State)

DATE REC'D BY LOCAL REG. 7/28/51 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Gasch's Sons ADDRESS Hyattsville, Md.

RECEIVED
JUL 30 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AT-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07273

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4303 32nd Place

3. NAME OF DECEASED (Type or Print) (First) — (Middle) — (Last) Bryan

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 20, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 1 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn Baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Luther J. Bryan
14. MOTHER'S MAIDEN NAME Louise Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Prematurity~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fetal Atelectasis

159 (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Congenital Hypospadias. Congenital Ear Bud.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE John W. Perkins, M.D. (Degree or title) 5301 ADDRESS Hamilton St. Hyattsville, Md DATE SIGNED 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF July 24
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 7-28-51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr Supt. ADDRESS

[illegible]

JUL 1 1951
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The information is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs Md
STREET ADDRESS (If rural, give location): 5 Manchester Place

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Bulmer
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 13, 1880
9. AGE Last Birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canadian Government
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Canada
13. FATHER'S NAME: John A. Bulmer
14. MOTHER'S MAIDEN NAME: Mary Crosbie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mary Bulmer Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Congestive heart failure — Interval between onset and death:

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Hypostatic pneumonia
(c): Fractures of humerus & femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN): Chevy Chase — (COUNTY): — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-20-57 4:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision of 2 cars.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Malone — (Degree or title): M.D. — ADDRESS: Silver Spring Md — DATE SIGNED: 7-7-57

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE FILED: 7/10/57 — NAME OF CEMETERY OR CREMATORY: Montreal — LOCATION (City, town, or county) (State): Canada

DATE REC'D BY LOCAL REG.: 7-10-57 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Plaschke & Sons — ADDRESS: Hyattsville Md

VS. A15A

RECEIVED
JUL 13 1951
BUREAU V. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7/5

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3704 34th street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md
STREET ADDRESS 8909 (If rural, give location) 49th avenue,.

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) E (Last) Burriss
4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951 19
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 3" 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY Own self
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U S A
13. FATHER'S NAME William Mc Henry Burriss
14. MOTHER'S MAIDEN NAME Anne Case
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Ora Burriss College Park Md (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Coronary Artery disease	3 years
	(c)	

4 / 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1951, to 7/26, 1951, that I last saw the deceased alive on 7/24, 1951, and that death occurred at 12.40p m., from the causes and on the date stated above.

SIGNATURE C Louis Mendel (Degree or title) M.D. ADDRESS College Park Md DATE SIGNED 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/51
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Olney Md

DATE REC'D BY LOCAL REG. July 28, 1951
REGISTRAR'S SIGNATURE Mrs Jas. Severe (Deputy) (Local Reg.)
24. FUNERAL DIRECTOR Gascha sons Hyattsville Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Webster St. & B. & O. R.R.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 48 a & Upshur

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Freddie (Last) Burroughs

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8-5-1923

9. AGE last birthday 27 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY Technical

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Burroughs

14. MOTHER'S MAIDEN NAME Mary Agnes Dent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mother -- Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

802.8 Immediate cause (a) Hemorrhage & shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple dismembering of body

(c) Run over by freight train (B. & O.)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) B & O R.R. Tracks (CITY OR TOWN) Bladensburg (COUNTY) Prince George (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-14-51 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by B. & O. freight train

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Chevrolet - Hyattsville, Md 7-14-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 15, 1951

NAME OF CEMETERY OR CREMATORY Methodist

LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 7/14/51

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Frederick Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince Ge

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lewisdale

STREET ADDRESS (If rural, give location): 2204 Calvert Street

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) D. (Last) CAMPBELL

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Campbell

14. MOTHER'S MAIDEN NAME: Anna Mae Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Bertha Smith Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion with Myocardial

420 / Antecedent cause(s) (b) Infarction — Interval Between Onset and Death: 21 days

44a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4, 19 51, to 7-26, 19 51, that I last saw the deceased alive on 7-26, 19 51, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleischer, M.D. (Degree or title) ADDRESS: 5432 Queens Chapel Rd., Hyatt., Md. DATE SIGNED: 7/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 31, 1951 — NAME OF CEMETERY OR CREMATORY: Arlington National. — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 7/28/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: W.W.CHAMBERS CO., Riverdale, Md.

JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 3 mo 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1519- 12'th St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) R (Last) CHANDLER

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 9/7/09

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): King William Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: London Chandler

14. MOTHER'S MAIDEN NAME: Betty Winston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 228-07-8323

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 5 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 19 51, to 7/27, 19 51, that I last saw the deceased alive on 7/27, 19 51, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finicane (Degree or title) M.D — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md — DATE SIGNED: 7/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-29-51 — NAME OF CEMETERY OR CREMATORY: Mangohick Church — LOCATION (City, town, or county) (State): King William Co. Va.

DATE REC'D BY LOCAL REG.: 7/28/51 — REGISTRAR'S SIGNATURE: Roe Weiss

24. FUNERAL DIRECTOR: H. W. Robey Jr. — ADDRESS: Ashland Va.

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07279

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infant give residence of mother)
State: Maryland County: Prince Georges
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2814 - 63rd Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: EDWARD MARVIN CLAYPOOLE

3.(b) Social Security Number:

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Barbara Claypoole
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day yr.): Jun 14. 1902
8. AGE: Years: 49 Months: Days: If less than one day: hrs. min.
9. Birthplace: D. C. (Town, county, and state)
10. Usual occupation: Bricklayer (Retired)
11. Industry or business:
12. Name of FATHER: Edward Claypoole
13. Birthplace of FATHER: Md.
14. Maiden name of MOTHER: Annie Beggs
15. Birthplace of MOTHER: D. C.
16. Informant: Richard Green
Address: Fairhaven Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 17, 1951 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Bladensburg Md.
18. Funeral director: J. William Lee Son Co.
Address: 3000 - 4th St. N.E. Wash. D.C.
19. 7/14 1951 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1951 at 7 30/A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1947 to July 14 1951 and that I last saw h... alive on July 11 1951

	DURATION
Immediate cause of death: Congestive heart failure and fibrillation	6 mos
Due to: Mitral Stenosis	10 yrs
Due to: Rheumatic fever	Indef.
Other conditions: 410X 92	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Hollyman M.D. M. D., or other
Address: 900 17th St. NW DC Date signed: 7-14-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07280

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7512 Rhode Island Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7512 Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) BLANDY (Last) CLOSE

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11/27/1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Blandy
14. MOTHER'S MAIDEN NAME Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Elizabeth Williamson College PK Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hr

4 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease

13d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948 to July, 1951, that I last saw the deceased alive on 26 July 1951, and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Elecine M.D. ADDRESS College Park, Md DATE SIGNED 7-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/28/1951
NAME OF CEMETERY OR CREMATORY St Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. July 27, 1951
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F Gascheson Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JUL 30 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park | LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 - 65th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park
STREET ADDRESS (If rural, give location) 500 - 65th Street

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Delitha (Last) Coates
4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 15, 1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Earth
10b. KIND OF BUSINESS OR INDUSTRY Produce
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Edward Coates
14. MOTHER'S MAIDEN NAME Catherine L. Schultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mable F. Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) Mill | ADDRESS Forestville Md | DATE SIGNED 7-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 9/51 | NAME OF CEMETERY OR CREMATORY Mt Olivet D.C. | LOCATION (City, town, or county) Washington (State)

DATE REC'D BY LOCAL REG July 7-1951 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR F. Gaocho Sons Hyattsville Md (ADDRESS)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 10 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 8 mos., and 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1623 10th St., N. W.

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) ANNA (Last) COLEMAN
4. DATE OF DEATH (Month) July (Day) 2nd (Year) 1951

5. SEX Female
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 10/11/1909
9. AGE last birthday 41 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock girl
10b. KIND OF BUSINESS OR INDUSTRY Lansburghs
11. BIRTHPLACE (State or foreign country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Washington
14. MOTHER'S MAIDEN NAME Rita Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 YR 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 25th 1950, to July 2nd 1951, that I last saw the deceased alive on July 2nd, 1951, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinneau (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 7/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/6/51 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/3/51 REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR Wm. T. Tolbert ADDRESS 1308-6 St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

RECEIVED
17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill LENGTH OF STAY (in this place) 16 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8720 Livingston Rd SE	STREET ADDRESS (If rural, give location) 8720 Livingston Rd [illegible] D.C.
3. NAME OF DECEASED (Type or Print) (First) James (Middle) William (Last) Coleman	4. DATE OF DEATH (Month) (Day) (Year) 24 1951
5. SEX M	6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 11 1[illegible]
9. AGE last birthday 6[illegible] yrs.	If under 1 year Months Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.
11. BIRTHPLACE (State or foreign country) Kathmandu Cooze	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Coleman	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Retha F[illegible] 8720 Livingston Rd	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	Jan 1951
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
40 b	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None of note

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1951	"Carcinoma of Stomach"	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
	None	Washington 20 DC Prince Md
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	Act. Dept Corner	5440 [illegible] Washington [illegible]	July 24 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28th 1951	Church Cemetery	Chapel Hill Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25 1951	Edna F. Collins	John T. Rhoner + Co. 901 3rd St. S.W.	901 3rd Street S.W. Washington 4, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 2 1951
BU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1084

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

VS. ALBA 1-4

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5218-55th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5218 - 55th Ave.

3. NAME OF DECEASED (Type or Print): (First) Randall (Middle) Herbert (Last) Day

4. DATE OF DEATH: (Month) 7-26 (Day) (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 27 1950

9. AGE last birthday: yrs. 7 — If under 1 year: Months — Days 1 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Virgil Howie Day

14. MOTHER'S MAIDEN NAME: Stella Jean Draper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Primary broncho-pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville Md 7-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/28/51 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or County) (State): Bladensburg Md

DATE REC'D BY LOCAL REG: July 28 1951 | REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy (Local) | 24. FUNERAL DIRECTOR: F. Gracie sons | ADDRESS: Hyattsville Md

2. D-1 1 342-54

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maywood Dist
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wood [illegible] Upper Marlboro Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood [illegible] Upper Marlboro
STREET ADDRESS (If rural, give location) Upper Marlboro R#1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible] Dean
4. DATE OF DEATH (Month) (Day) (Year) 25 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible] 4, 1867
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME U. J. Dean
14. MOTHER'S MAIDEN NAME Sarah Elu Pic[illegible] R#1

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute congestive heart failure	1 hr
156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver	7 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Toxic Nephritis.

19a. DATE OF OPERATION [illegible]
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH [illegible]
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible]
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] Dept Corner Washington [illegible] DATE SIGNED [illegible] 27 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/27/51
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REG. 7/27/51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Gaschesons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 7 1951
BUREAU V. S.

Items 14, 17 FilmG134 7/26/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07286

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Md
STREET ADDRESS (If rural, give location) 6333 Foulkes Rd

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) DeHart

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Aug. 15, 1935 — 9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: School Girl — 11. BIRTHPLACE (State or foreign country): D.C. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John DeHart — 14. MOTHER'S MAIDEN NAME: Florence K Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Florence DeHart Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease — 2 years

416X 95b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1951 to July 19, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John H. Duhy, M.D. — Prince Georges Gen. Hosp, Cheverly, Md. — 7/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 7-23-51 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 19-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: Deal Funeral Home 4813 Bowen Road D.C.

RECEIVED
JUL 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017287

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY P. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place) 1h 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS 820 West ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 820 West ST.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) DOTSON
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951
5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 23-51
9. AGE last birthday: 1 hour 25 min. | If under 1 year: Months | Days | If under 24 hrs.: Hours 1 | Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DOTSON
14. MOTHER'S MAIDEN NAME: Laura Virginia MATTHEWS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mother. 820 West St. Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 1h. 25'

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 19.51., to 7-23, 19.51, that I last saw the deceased alive on 7-23, 19.51, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. R. Runge | (Degree or title) M.D. | ADDRESS 305 P. George St. Laurel Md | DATE SIGNED 7-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 23-1951 | NAME OF CEMETERY OR CREMATORY Ark-Dome | LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REG. July 23-51 | REGISTRAR'S SIGNATURE M. Bratcher

24. FUNERAL DIRECTOR | ADDRESS

16 D 11 2 11220

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JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: PRINCE GEORGE'S — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAPITAL HEIGHTS RURAL
   LENGTH OF STAY (In this place): 30 YRS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6402 CENTRAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: PRINCE GEORGES
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CAPITAL HEIGHTS - RURAL
   STREET ADDRESS (If rural, give location): 6402 CENTRAL AVE

3. NAME OF DECEASED (Type or Print): (First) MABEL (Middle) FLORENCE (Last) DOVE

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): WIDOWED

8. DATE OF BIRTH: 17 MAY 1901

9. AGE Last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES S. JACOBS

14. MOTHER'S MAIDEN NAME: FANNIE HEWITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-34-4440

17. INFORMANT AND ADDRESS: 6960 WHITEHOUSE RD EVELYN DEAN WASH. 19 - D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary EMBOLISM	15 minutes
17/X Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombophlebitis, right iliac vein	3 weeks
	(c) Carcinoma of cervix	3 yrs 4 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1951, to July 26 1951 that I last saw the deceased alive on July 26, 1951, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE: Ernest E. Coulbourn (Degree or title): M.D. ADDRESS: 4400 Brown Rd. Seat Pleasant DATE SIGNED: 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 30 JULY 1951 — NAME OF CEMETERY OR CREMATORY: ADDISON CHAPEL — LOCATION (City, town, or county): SEAT PLEASANT, MD (State)

DATE REC'D BY LOCAL REG.: July 29. 1951 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: W.W. CHAMBERS CO WASH. D.C. — ADDRESS

Carrie's OK.

RECEIVED
AUG 1 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Downing

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH May 17, 1898

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Issiah Payne

14. MOTHER'S MAIDEN NAME Maise Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mary E. Timms, Cobb Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 7/19/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 7/21/51 NAME OF CEMETERY OR CREMATORY Beals Church LOCATION (City, town, or county) Camp Springs (State) Md

DATE REC'D BY LOCAL REG. 7-20-51 REGISTRAR'S SIGNATURE M. P. Monroe

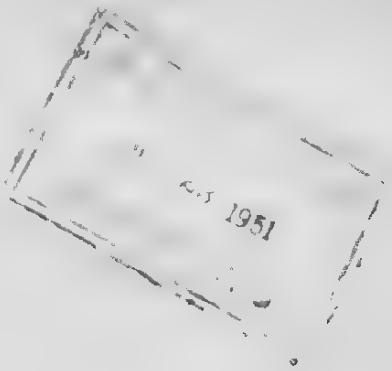
24. FUNERAL DIRECTOR [illegible] ADDRESS

Mrs. Alton Davis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince Geo Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DISTRICT OF COLUMBIA COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 807. N. Capitol St.

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) M (Last) EAGAN
4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: Oct. 11, 1884
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General repair work
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Eagan
14. MOTHER'S MAIDEN NAME: Mary Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-12-4948
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] Tuberculosis — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1951, to 7/20, 1951, that I last saw the deceased alive on 7/20, 1951, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finnicane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF: 7/23/51 NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 7/21/51 REGISTRAR'S SIGNATURE: Moe Weiss
24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: Wash. D.C.

RECEIVED
1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) Married
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mathingdale
STREET ADDRESS 503 [illegible] Road 1 S2. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) William (Last) Ferguson
4. DATE OF DEATH (Month) [illegible] (Day) 3, (Year) 19[illegible]
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-7-1926
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Fix
11. BIRTHPLACE (State or foreign country) [illegible], Va
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible] Ferguson
14. MOTHER'S MAIDEN NAME Elma [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) 3 [illegible] 4 in degree burns of body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile collision

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed chest

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) (COUNTY) (STATE) [illegible] Prince George, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7- 3-51 4:20 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Collision [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

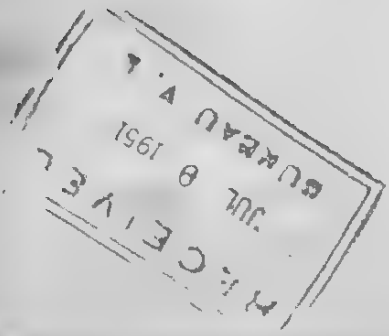
SIGNATURE (Degree or title) [illegible] — ADDRESS [illegible], Md — DATE SIGNED 7-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5 July 1951 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington (State) Va.
DATE REC'D BY LOCAL REG. ~~7/5/51~~ 7 5, 51 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F. Basch's Sons — ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4320 Woodbury St

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) (Last) Frear

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb-2-1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chambersburg Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Risser Huber
14. MOTHER'S MAIDEN NAME Rebecca Beseour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Huber Frear

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	20 yrs.
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1951, to 7-4, 1951, that I last saw the deceased alive on 7-4, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 4514 Ballantine St. Hyattsville, Md. DATE SIGNED 7-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/1951
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. July 4th 51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm Lee & Sons Co. - ADDRESS 300-4th St N.E.

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JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 19 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2811 - Cheverly Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2811 - Cheverly Ave

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Rex (Last) Frye
4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 6, 1887
9. AGE last birthday 64 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY Patent Attorney
11. BIRTHPLACE (State or foreign country) Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William W. Frye
14. MOTHER'S MAIDEN NAME Virginia King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic carcinoma

(c) Carcinoma of cecum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. - Cheverly - Hyattsville, Md 7-28-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31, 1951
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7-29-51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17291

Reg. Dist. No. 234

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown — LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7661 Allentown Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allentown
STREET ADDRESS (If rural, give location): 7661 Allentown Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) McKinley (Last) Gossett
4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1957
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: January 3, 1898
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frances Marion Gossett
14. MOTHER'S MAIDEN NAME: Laura Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.I.
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Bertha Gossett - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ✓.*

SIGNATURE: James I. Boyd — (Degree or title): M.D. — ADDRESS: Forestville Md — DATE SIGNED: 7-7-57

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 7 July 1951 — NAME OF CEMETERY OR CREMATORY: Gawlers Funeral Home — LOCATION (City, town, or county): Washington D.C. — (State)

DATE REC'D BY LOCAL REG.: July 7/51 — REGISTRAR'S SIGNATURE: Amanda Downey Mrs Alton Davis — 24. FUNERAL DIRECTOR: Jos. Gawler's Sons, Wash DC — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0729.

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md - COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4733 Baltimore Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) George (Last) Gentner
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-12-1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired pharmacist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Gentner
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ina May Gentner - wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1 week

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Heart Dis. — 5 years

(c) General arteriosclerosis — undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 10 55 p.m. from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 7-14-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17
NAME OF CEMETERY OR CREMATORY F A Sencolu Cem
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. July 16 1951
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F Gaskins Sons ADDRESS Hyattsville

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIS

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL); LENGTH OF STAY (in this place) 1yr. 5 mo., 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 116 - Irvington St., S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B (Last) Gleason
4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11/29/10
9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman for the C. & P. Telephone Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Winston Salem, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John B. Gleason
14. MOTHER'S MAIDEN NAME: Anne Brosnahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-01-125
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, Far Advanced — Interval Between Onset and Death: 7 yrs.

002X
13b
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1950, to July 5, 1951; that I last saw the deceased alive on July 5, 1951, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Daniel Leo Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Maryland 7/5/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 7/5/51. | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, P.G. County, Md.

DATE REC'D BY LOCAL REG. 7/6/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, 300, 4½ St. N.E. D.C.

RECEIVED
JUL 17 1951
BUREAU V. S.

07297

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7916-15th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural, give location) 7916-15th Ave.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Goldwyn

4. DATE OF DEATH (Month) (Day) (Year) 7-19 1957

5. SEX Female FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-14-1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Argentina, S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Meselov
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Husband - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

73d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney, M.D. Dep. Med. Exam. ADDRESS Cheverly - Hyattsville, Md. DATE SIGNED 7-19-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/23/57 NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem. LOCATION (City, town, or county) Virginia (State)

DATE REC'D BY LOCAL REG. July 20, 1957 REGISTRAR'S SIGNATURE James Sevey

24. FUNERAL DIRECTOR B. Danzansky & Son - 3501-14th St NW Wash., D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

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JUL 23 1951
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3810 Powhatan Rd

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) HENRY (Last) GRIFFIN

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 23, 1874

9. AGE last birthday 76 yrs. If under Months. 1 year Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capitol Transit Co.

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Henderson County, Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willian Richard Griffin

14. MOTHER'S MAIDEN NAME Melissa Cleveland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-01-9402

17. INFORMANT AND ADDRESS Mrs Minnie Griffin (wife) ~~3810 Powhatan Rd, Hyattsville~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Obstruction of Cancer [illegible]

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

151.6 (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY 30, 51

NAME OF CEMETERY OR CREMATORY GEO. WASHINGTON MEMORIAL

LOCATION (City, town, or county) PRINCE GEO'S CO (State) MD

DATE REC'D BY LOCAL REG. July 28 1951

REGISTRAR'S SIGNATURE Jas Severe (Deputy) Soul Rym

24. FUNERAL DIRECTOR W.W. Chambers Co., Riverdale Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosaryville
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Robert (Last) Gross
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) T. B. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Robert Gross
14. MOTHER'S MAIDEN NAME Jane Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Noble Gross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131 a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd (Degree or title) M.D. ADDRESS Forestville Md. DATE SIGNED 7-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12-51
NAME OF CEMETERY OR CREMATORY Union Batt. Cemetery
LOCATION (City, town, or county) T. B. (State) Maryland
DATE REC'D BY LOCAL REG. July 10-51
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Myrtle K. Rollin ADDRESS 4359 Hunt

#264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

RECEIVED
JUL 16 1951
KRAUT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Heights — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6919 Oakridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Heights
STREET ADDRESS (If rural, give location) 6919 - Oakridge Road

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Boyd (Last) Hagood

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct 4 1898

9. AGE last birthday 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY House Office Bldg.

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Boyd Hagood

14. MOTHER'S MAIDEN NAME Rose Rideout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John D Maloney M.D. Dep. Med. Exam. — ADDRESS Cheverly - Hyattsville, Md. — DATE SIGNED 7-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 21 July 1951 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery — LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REG. July 19 1951 — REGISTRAR'S SIGNATURE Jessie Severy

24. FUNERAL DIRECTOR Lee Funeral Home, Washington, D.C. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL [illegible] 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1/5

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Height
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5016-54th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights Md
STREET ADDRESS (If rural give location) 5016-54th Ave

3. NAME OF DECEASED (Type or Print) (First) EMILY (Middle) MARY (Last) HALEY

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1951

5. SEX Female. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH April 14-1882 9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Bradford England 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Jennings 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT James L. Haley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 7/17/51

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-renal disease 1943

131a (c) Coronary disease Jan 51.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1943, to 7/18, 1951, that I last saw the deceased alive on 7/18, 1951, and that death occurred at 12 20 p m., from the causes and on the date stated above.

SIGNATURE George J. Hageage (Degree or title) ADDRESS 3717-3 Rd Ave DATE SIGNED 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 21 1917 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Colmar Md (State)

DATE REC'D BY LOCAL REG. July 18 1951 1951 REGISTRAR'S SIGNATURE Jean Levy 24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS Wash. D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

T

RECEIVED
JUL 20 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Maryland; LENGTH OF STAY (In this place) 75 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Maryland; STREET ADDRESS (If rural, give location) Glendale Road

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) D. (Last) Hall

4. DATE OF DEATH: (Month) (Day) (Year) July 20, 1951 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec 28, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt

11. BIRTHPLACE (State or foreign country): Glendale Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Richard Henry Hall

14. MOTHER'S MAIDEN NAME: Henrietta Spalding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Louise E. Hall Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Minutes
4200 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Hypertension	Years
	(c) Auricular fibrillation. Arteriosclerotic Heart Disease	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Rheumatoid Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1951, to July 20, 1951, that I last saw the deceased alive on 7/20, 19 51, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Dale Kurtz M.D. RFD Bowie, Md 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 23, 1951	Glendale Cemetery	Glendale Maryland

DATE REC'D BY LOCAL REG. July 22 1951 / July 25, 1951

REGISTRAR'S SIGNATURE Amanda Hoover / Agnes M. Quigley

24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville Maryland

VS. A15

RECEIVED
JUL 27 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1d

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4316 Faragut St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 4316 Faragut St

3. NAME OF DECEASED (Type or Print) (First) Leapold (Middle) A (Last) Hammer

4. DATE OF DEATH (Month) July 31, (Day) 1951 (Year) 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH 6/2/1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Hotel cook
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Doris Mae Simon Mt Rainier Md(daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	3 mo.
4210 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Dis.	1 yr.
0.3d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 5, 1951, to July 31, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 8-1-51

23. BURIAL, CREMATION REMOVAL (Specify) cremation
DATE THEREOF 8/1/1951
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland Maryland (State)

DATE REC'D BY LOCAL REG. August 1, 1951
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Maryland.

RECEIVED
AUG 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Heights — LENGTH OF STAY (In this place): 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Huron Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Heights
STREET ADDRESS (If rural, give location): 114 Huron Drive

3. NAME OF DECEASED (Type or Print): (First) Eunice (Middle) Knox (Last) Harker
4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 16, 1916
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Hm
11. BIRTHPLACE (State or foreign country): Valley Spring Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Knox
14. MOTHER'S MAIDEN NAME: Forgy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lawrence H Harker - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) congestive heart failure

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cirrhosis of the liver

124 b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M D — ADDRESS: Forestville Md — DATE SIGNED: 7-9-57

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 7/10/57 — NAME OF CEMETERY OR CREMATORY: Harrison — LOCATION (City, town, or county): Arkansas (State)

DATE REC'D BY LOCAL REG.: 7-10-57 — REGISTRAR'S SIGNATURE: ~~Amanda Downey~~ Mrs. Alton Davis — 24. FUNERAL DIRECTOR: F Gasch's sons Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Naylor and Richards

Had been treated by a Dr Mac Donald for varicose veins and leakage of heart.

Found dead 6:30 AM 7-9-51 by husband

Been complaining for last week shifting pain in abd.

RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07305

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310-70th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 310-70th Place

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) T (Last) HOGUE III

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 16 1943

9. AGE last birthday: 8 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cooperstown, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Hogue Jr.

14. MOTHER'S MAIDEN NAME: Beatrice L. Brisack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: William T. Hogue Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Sarcoma of Rt mth metastasis	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

190X
55b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/12/51

19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Rt.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Braunius MD 6124 Central Ave, Capitol Hgts Md 7-1-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-3-1951	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 2-1951	Carrie F. Campbell	J. William Lee Sons Co	300 4½ St NW Washington, D.C.

VS. A15

RECEIVED
JUL 6 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07306

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 320 Washn. Blvd

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) HOWARD

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 15 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Poole Foundry & Engineering Co
11. BIRTHPLACE (State or foreign country) Fisher Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Howard
14. MOTHER'S MAIDEN NAME Alice Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 220-26-4932
17. INFORMANT AND ADDRESS Robert J. Howard, Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Pyelonephritis	10 yrs
Antecedent cause(s)	(b) Uremia	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardio Vascular Disease	5 yrs
	(d) Diabetes Mellitus	8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1951, to 7-8, 1951, that I last saw the deceased alive on 7-8, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Warren M.D. ADDRESS Laurel Md DATE SIGNED 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 11 1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. July 10-51
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1958
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Pr. George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
STREET ADDRESS (If rural, give location): 4450 Whitehall Rd.

3. NAME OF DECEASED (Type or Print): (First) Myrtle F. (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1951

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-23-92

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: h.w.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry E. Owens

14. MOTHER'S MAIDEN NAME: Malvina Dennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chas K. Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute glomerulonephritis	1 yr. +
443 X 783 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	6 yr +
	(c) Chronic myocarditis	1 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to July 15, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 7:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James C. Cawood M.D. — ADDRESS: 2520 Penna ave. NE Wash 19 DC — DATE SIGNED:

23. BURIAL, CREMATION / REMOVAL (Specify): K — DATE THEREOF: 7-17-51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: July 15-51 — REGISTRAR'S SIGNATURE: Howard J. Beall / Carrie Campbell

24. FUNERAL DIRECTOR: J. William Lee's Son Co. — ADDRESS: 300 4 St N.E. Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1951
BUREAU V. S.

RECEIVED
AUG 3 1951
Prince George's Co. Health Dept.
UPPER MARLBORO, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017315

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON D.C. — LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION MT. RAINIER, MD
STREET ADDRESS 3201 QUEENSTOWN DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME MT. RAINIER
STREET ADDRESS SAME (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) WILSON (Last) JOHNSON

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: JUNE 7 1903

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WILSON

14. MOTHER'S MAIDEN NAME: MARY H WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 145-07-8111

17. INFORMANT AND ADDRESS: LELAND M JOHNSON, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHIAL OBSTRUCTION	5 MOS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HODGKINS DISEASE	1 YRS
	(c) LUNG ABSCESS	5 MOS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY ..., 1951, to JULY 25, 1951, that I last saw the deceased alive on JULY 24, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS 1735 EYE ST, N.W., WASH, D.C. DATE SIGNED JULY 25, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 25, 51 — NAME OF CEMETERY OR CREMATORY: Lindonwall, Cem. — LOCATION (City, town, or county) (State): Lindonwall, N.J.

DATE REC'D BY LOCAL REG.: July 25 1951 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: Wash. D.C.

RECEIVED
JUL 26 1951
BUREAU V. S.

Item 9 Film 6135 8/6/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Fla. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pensacola
STREET ADDRESS (If rural, give location): 313 South 11 St.

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) (Last) Lyle
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1951
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14, 1926
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.
11. BIRTHPLACE (State or foreign country): San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Hugh A. Lyle
14. MOTHER'S MAIDEN NAME: Ruby ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wife - Sarah Lyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

815.5

Immediate cause (a): Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Crushed left leg and thigh

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rte 301
(CITY OR TOWN): Upper Marlboro P. J. (COUNTY): (STATE): Md
TIME OF INJURY (Month) 7 (Day) 23 (Year) 51 (Hour) 7 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding in motor cycle and was run into a truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James L Boyd (Degree or title): M.D. ADDRESS: Forestville Md DATE SIGNED: 7/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 7-24-51
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG.: 7/24/51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Wastler Bros. Home
ADDRESS: 301 E Capitol St. Wash. D.C.

VS-A15A

JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

M — The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Oxon Hill
STREET ADDRESS (If rural, give location) 5560 Spurs Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	G.	MEARS	July	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Apr. 21, 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Longwell
14. MOTHER'S MAIDEN NAME: Mary Longacre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Fitzgerald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ulcerative colitis	2 weeks
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 932	(b) Hypertensive heart disease	5 years
	(c) Arteriosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 24, 1946, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Eugene Cole M.D. (Degree or title) — ADDRESS 639 East Capitol — DATE SIGNED July 1 '51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 3/51	Odd Fellows Cemetery	Milford	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1-51	Marcel Rouell	J. Fletcher Gessiman Co	800-4th St. N.E. Washington, D.C.

VS. A15 T

RECEIVED
JUL 11 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 421 60th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights, Md.
STREET ADDRESS (If rural, give location): 421 60th Ave.

3. NAME OF DECEASED (Type or Print): Philip (First) V. (Middle) Montanaro (Last)

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 3, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vitale Montanaro
14. MOTHER'S MAIDEN NAME: Maria Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mary M. Calder 421 60th Av. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebral hemorrhage — 2 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular

(c) renal disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/47, 19..., to 7/31/51, 19..., that I last saw the deceased alive on July 31, 1951, and that death occurred at 7:25 P. m., from the causes and on the date stated above.

SIGNATURE: William Brannin — (Degree or title): M.D. — ADDRESS: 6124 Central Ave., Capitol Heights, Md. — DATE SIGNED: 7/31/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Aug. 3, 1951 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Aug. 2-51 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517 11th St., S.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 45 ~~244~~

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILLUM TERRACE
LENGTH OF STAY (in this place) 6 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 722 SOMERSET PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILLUM TERRACE
STREET ADDRESS (If rural, give location) 722 SOMERSET PLACE

3. NAME OF DECEASED (Type or Print) (First) ADDIE (Middle) CHESTER (Last) MOSER
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 7 1862
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) TENN.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HENRY A. WILDS
14. MOTHER'S MAIDEN NAME JANE GAMMON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS DAVE W. MOSER 722 SOMERSET PL. CHILLUM TERRACE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

91 (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 May, 1951, to 26 July 1951, that I last saw the deceased alive on 15 July, 1951 and that death occurred at 1 35 A m., from the causes and on the date stated above.

SIGNATURE Boris Rabkin (Degree or title) M.D. ADDRESS 1200 Lebanon Street DATE SIGNED 26 July 1951

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7-28-51
NAME OF CEMETERY OR CREMATORY GLENWOOD CEM.
LOCATION (City, town, or county) WASHINGTON, D.C. (State)
DATE REC'D BY LOCAL REG. 7-26-51
REGISTRAR'S SIGNATURE ~~Frances Potter~~ James E Severe
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901 14TH St N.W. WASH. D.C.

JUL 30 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier — LENGTH OF STAY (In this place) 10 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3358 Chillum Rd	STREET ADDRESS (If rural, give location) 3358 Chillum Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	James	Myers	7 -	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Married	June 8, 1892	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	U.S. Govt.	Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	Mary Sewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Wife - Same address.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John W. Maloney, M.D. Dep. Med. Exam.	Cheverly - Hyattsville, Md.	7-20-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/23/51	Fort Lincoln Cem.	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-20-51	Amanda Downey	The S.H. Hines Co.	2901 14th St. N.W. Wash. D.C.
7-21-51	James Seavey		

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL
BUREAU V.

Item 9 FilmG134 7/23/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07314

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Box 85 - Route I

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) NEWMAN
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1951
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5-30-1876
9. AGE last birthday ~~XX~~ 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) Prince Geo. County, Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME SYLVESTER NEWMAN
14. MOTHER'S MAIDEN NAME MARY JANE ROBINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO
16. SOCIAL SECURITY No.
17. INFORMANT GERTRUDE SMITH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	10 days
443 X Antecedent cause(s)	(b) Hypertensive Cardiovascular Disease	Years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to July 9, 1951, that I last saw the deceased alive on July 9, 1951, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE T. Richard Conner (Degree or title) M.D. ADDRESS Bowie, Md DATE SIGNED July 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify) DATE 7-13-1951 NAME OF CEMETERY OR CREMATORY Church Cemetery LOCATION (City, town, or county) Mitchellville (State) Md.

DATE REC'D BY LOCAL REG. July 10-1951 REGISTRAR'S SIGNATURE Edna F. Collins 24. FUNERAL DIRECTOR John P. Rhines & Co. ADDRESS 901-3rd St. S.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 16 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 mo., and 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 520 E. St., N. E., Apt. 102

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) NOBLE
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 28 1896
9. AGE last birthday 54 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Griffith Consumers
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George W. Noble
14. MOTHER'S MAIDEN NAME Betty White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1922-23 Merchant Marine
16. SOCIAL SECURITY No. 578-01-7218
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma Left. lung — INTERVAL BETWEEN ONSET AND DEATH 2 Month

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

4th c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1951, to 7/13, 1951, that I last saw the deceased alive on 7/13, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Glenn Dale Sanatorium Glenn Dale, Md. 7/13/51

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF 7/13/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7/13/51 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. William Lee & Sons & Co. ADDRESS 4th & Mass Ave N.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 237

2

07310

1. PLACE OF DEATH COUNTY: Jones Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pennsylvania — COUNTY: Beaver
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] — LENGTH OF STAY (in this place): [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #1	STREET ADDRESS (If rural, give location): 106 [illegible]

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) [illegible]	(Last) Padgett	4. DATE OF DEATH	(Month) (Day) (Year) 22 1951
5. SEX: Male	6. COLOR OR RACE: [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]	8. DATE OF BIRTH: 11-2-[illegible]	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]	10b. KIND OF BUSINESS OR INDUSTRY: [illegible]	11. BIRTHPLACE (State or foreign country): Baltimore, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John Marion Padgett	14. MOTHER'S MAIDEN NAME: [illegible]				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): VW (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: [illegible] Same address			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
1310	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH ☐	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D. Lx. Med. Exam.	Cheverly - [illegible], Md	7-22-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26-51	Woodlawn Cemty	Aliquippa Penn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23 [illegible]	M. Brashears	De Witt Donaldson	Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural) — LENGTH OF STAY (in this place) 4 mos., and 11 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 1436 R. Street, N. W.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) A	(Last) PARKER	4. DATE OF DEATH	(Month) 7	(Day) 13 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH 1/31/1898	9. AGE last birthday 53 yrs.	If under 1 year Months — Days —	If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Clerk	10b. KIND OF BUSINESS OR INDUSTRY Employment Compensation Board	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Francis D. Parker	14. MOTHER'S MAIDEN NAME Savina Carr					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Limited service/ In World War I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Decedent				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
13 X (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1951, to 7/13/, 1951, that I last saw the deceased alive on 7/12, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	MD	Glenn Dale Sanatorium Glenn Dale, Maryland	7/12/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 7/13/51	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 7/13/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR S.H. Hines Co.	ADDRESS 2901 14th N.W.

RECEIVED
JUL 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Md
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Md.
STREET ADDRESS (If rural, give location) Marlboro Pike

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) ~~Phil~~ Felix (Last) Pascault

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 2-1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Pascault
14. MOTHER'S MAIDEN NAME Ida. Pilsch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edward Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Embarrassment	3 days
356 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Amyotrophic Lateral Sclerosis	5 yrs
82	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to Aug, 1949, that I last saw the deceased alive on Apr, 1951, and that death occurred at 3.40 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Upper Marlboro Md DATE SIGNED 7-29-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31 1951
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Aug 30 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros ADDRESS Upper Marlboro Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Posey
4. DATE OF DEATH (Month) July (Day) 30, (Year) 1951
5. SEX m
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Sept 22-1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John A Posey
14. MOTHER'S MAIDEN NAME Annie White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Harry Posey Doncaster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure c̄ cardiomegaly	1 day
	(c) Hypertensive arteriosclerotic heart disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul C Van Hatten M.D.
ADDRESS 5440 Selva Hill Rd Washington 19 D.C.
DATE SIGNED July 31, 1951

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 8-3-51
NAME OF CEMETERY OR CREMATORY Nanjemoy Baptist
LOCATION (City, town, or county) Nanjemoy Md (State)

DATE REC'D BY LOCAL REG. 8-2-51
REGISTRAR'S SIGNATURE M L Brown
24. FUNERAL DIRECTOR Hunt & Ryan
ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 19 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Pr. Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2703-73rd Place

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Potter
4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 17, 1949
9. AGE last birthday 1 yrs. If under 1 year Months 20 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Potter
14. MOTHER'S MAIDEN NAME Libby Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to edema of trachea

422.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to foreign body (Jack) in esophagus

1 5d (c) Due to swallowing jack

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hyattsville (COUNTY) Pr. Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-14-51 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Swallowed jack while at play.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner Cheverly - Hyattsville, Md 7-17-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-20-51
NAME OF CEMETERY OR CREMATORY Lexington Park
LOCATION (City, town, or county) Cul Va (State)

DATE REC'D BY LOCAL REG. 7/17/51
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W R Huntemann & Son ADDRESS

5732 Ga Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 19 1951
BUREAU V. S.

Item 9 FilmG134 7/26/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenbelt Lake

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Akron
STREET ADDRESS (If rural, give location) 2507 E. Ave., Summit

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) P. (Last) Pruishis

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-15-1929
9. AGE last birthday 22 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force
11. BIRTHPLACE (State or foreign country) Rootsville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Robert Pruishis
14. MOTHER'S MAIDEN NAME Elizabeth C. (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 300-24-6422
17. INFORMANT AND ADDRESS U.S. Air Force records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

927.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

183 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Lake
(CITY OR TOWN) Greenbelt (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-14-51 12 m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Examiner ADDRESS Cheverly, Md DATE SIGNED 7-14-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7-14-51 NAME OF CEMETERY OR CREMATORY Wash D.C. LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REG. July 17-1951 REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR W. K. Huntemann & Son ADDRESS 5732 Galen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 18 Film G135 8-1-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md.
STREET ADDRESS (If rural, give location) 330 - Prince Georges St.

3. NAME OF DECEASED (Type or Print) (First) Irma (Middle) Lucy (Last) Putnam
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-2-1918
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Solomon
14. MOTHER'S MAIDEN NAME Ethel Flatman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Husband - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Open operation for fractured jaw due to

86 a (c) fall, due to tumor of basal ganglion left hemisphere (Type undetermined at this time)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Date of fall: 7-6-51. Type unknown (8-1-51 ams)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital (CITY OR TOWN) Riverdale (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-12-51 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was under anesthetic obtaining operated upon for open reduction of fractured jaw [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Malone, M.D. Sup. Med. Exam. ADDRESS Chapel Hyattsville, Md. DATE SIGNED 7-12-51

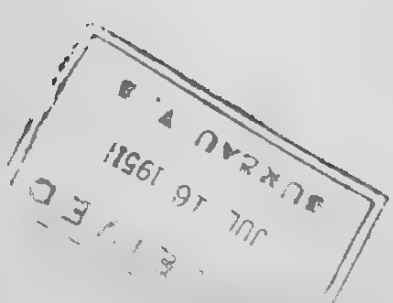
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF July 15/1951
NAME OF CEMETERY OR CREMATORY Mount Hope Cem.
LOCATION (City, town, or county) Westchester County (State) N.Y.

DATE REC'D BY LOCAL REG. July 18 1907
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 5801 Cleveland Ave Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



RECEIVED
JUL 16 1951
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital Laurel, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) + (Last) Reed

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 24, 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bristol N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry K. Francis

14. MOTHER'S MAIDEN NAME: Mary Cloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Clifford R. Reed, Bowie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Osteoarthritis — 5 yrs.

(c) Paroxysmal hypertension — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Phlebitis — 1 yr.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 19 47, to 7/22, 19 57, that I last saw the deceased alive on 7/22, 19 57, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: J. M. Warren (Degree or title) — ADDRESS: Laurel — DATE SIGNED: 7/23/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 25 1957 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Canandaigua, N. Y.

DATE REC'D BY LOCAL REG.: July 24-57 — REGISTRAR'S SIGNATURE: W. D. Brashears

24. FUNERAL DIRECTOR: De Witt Donaldson — ADDRESS: Laurel, Md.

RECEIVED
JUL 27 1951
BUREAU V. S.

Item 1 FilmG135 8/14/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Caderton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights; STREET ADDRESS (If rural, give location) 6 Inderton Road

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Marbury (Last) Richardson

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15, 1920

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Treasury Dept

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Edward Richardson

14. MOTHER'S MAIDEN NAME: Nora Lee Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Dorothy M. Richardson. Hillcrest Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute glomerular Nephritis	3 years
590X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2½ years
	(c) Hepato-renal syndrome	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to 28 July, 1951, that I last saw the deceased alive on 26 July, 1951, and that death occurred at 9.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M. D. 3829 Penn. Ave. S E. 7/28/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

July 31 1951 Epiphany Forestville Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

July 29 1951 Edna F. Volkmer

24. FUNERAL DIRECTOR ADDRESS

Robert A Mattingly 131-11th St S E Wash. D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
AUG 6 1951
BUREAU V. S.

Dr Lowry 3829 Pa ave S.E.

Cause of d.Film G134 7-20-51 ams.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 204 Main St
STREET ADDRESS (If rural, give location) Laurel, Maryland

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Ridgely
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH March 25 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship fitter
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Susan Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 204 Main St Mrs Sadie Cooper, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Lobar Pneumonia	2 Wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	II Arteriosclerotic heart dis	10 Yrs.
	(c)	II Senility	10 Yrs.

II. OTHER SIGNIFICANT CONDITIONS (7-20-51 - ams) Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1951, to 7/6, 1951, that I last saw the deceased alive on 7/6/51, 19..., and that death occurred at 9 1/2 a m., from the causes and on the date stated above.

SIGNATURE J M Warren (Degree or title) ADDRESS Laurel DATE SIGNED 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9 1951
NAME OF CEMETERY OR CREMATORY Iris Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. July 9 1951
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 12 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville Md
STREET ADDRESS (If rural, give location) Branchville Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Kane (Last) Ridgway

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: 9/2/1854

9. AGE last birthday: 96 years

If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Benjamin Ridgway

14. MOTHER'S MAIDEN NAME: May Battor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr Charles E. S Ridgway New York City N Y

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — Interval between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to July, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard A. Ettenwein M.D. ADDRESS 512 Maryland Ave. Hyatts. Md. DATE SIGNED 7/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/21/51 — NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery — LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. July 20, 1951 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Clerk

24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville Maryland.

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07327

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md.
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 134-12th St S. E

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Emmet Rittenhouse

4. DATE OF DEATH (Month) (Day) (Year) 7 15 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 24
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Hudson Rittenhouse
14. MOTHER'S MAIDEN NAME Ann Frances Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Daisy Rittenhouse, 134 12th St S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	2 day
610X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute pyelonephritis	1 mo
107	(c) Prostatic Hypertrophy	3 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. undiagnosed tumor of spine 1 year

19a. DATE OF OPERATION May 23, 1951
19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate, Bladder Stone
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to July 15, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 10 30/a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L C Malin MD
ADDRESS Riverdale Md
DATE SIGNED 7-15-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF July 17, 1951
NAME OF CEMETERY OR CREMATORY Rock Fish Cemetery
LOCATION (City, town, or county) (State) Va. Nelly's Ford Va.

DATE REC'D BY LOCAL REG. July 15, 1951
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Robt Mattingly
ADDRESS 131-11th St. S E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 17 1951
BUREAU V. S.

I.F.D. [illegible] form (Dr. Coffell) filmed 8-1-51 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George's | STATE: Maryland | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville | LENGTH OF STAY (in this place): | HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md | COUNTY: Prince George's | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville | STREET ADDRESS (If rural give location): 6211 Queensbury Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) P (Last) ROCHE

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3/26/1889

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Not Applicable

11. BIRTHPLACE (State or foreign country): Charlestown, Mass

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Roche

14. MOTHER'S MAIDEN NAME: Margaret [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Florence M Roche

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure (Pulmonary edema, acute)	24 hours
1627 Antecedent cause(s)		
47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic carcinoma	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cerebro-Vascular Accident — 3 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 June, 1951, to 28 July, 1951, that I last saw the deceased alive on 28 July, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE: John F. Brennan Jr. | (Degree or title) | ADDRESS: 1704 Michigan Ave, N.E., Wash. 17, D.C. | DATE SIGNED: 28 July 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/30/1951 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) (State): Edmonston Md

DATE REC'D BY LOCAL REG.: July 28, 1951 | REGISTRAR'S SIGNATURE: Jane Seery | 24. FUNERAL DIRECTOR: J. Coffell | ADDRESS: 4754 Rhode Island Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) Tyson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4612 Harvard Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4612 Harvard Road

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Andrew (Last) Salisbury

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2-1-1911

9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physical therapist

10b. KIND OF BUSINESS OR INDUSTRY Clinic

11. BIRTHPLACE (State or foreign country) New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Salisbury

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) Ring W. Wm. II

16. SOCIAL SECURITY No. 226-24-2747

17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. McGinty, M.D. Dep. Med. Exam Cheverly - Hyattsville, Md 7-22-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July-24-51

NAME OF CEMETERY OR CREMATORY Arlington National Cem.

LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. July 22 1951

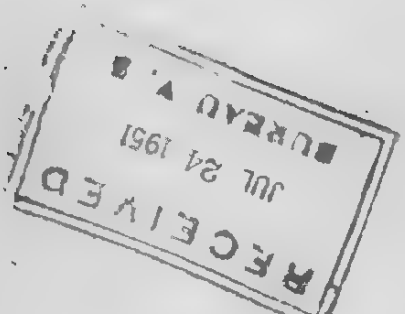
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1A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JUL 24 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4906-43rd Ave

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) CARLISLE (Last) SHAW

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 195(

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb-18-1888

9. AGE last birthday: 63 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Baltimore

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY YARD

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melvin Shaw

14. MOTHER'S MAIDEN NAME: Sarah [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Biliary Duct — Interval between onset and death:

155X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46+

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-16-51

19b. MAJOR FINDINGS OF OPERATION: Extended Carcinomatosis.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1940 to 7-27, 1951, that I last saw the deceased alive on 7-26, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: [illegible] — DATE SIGNED: 7-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/30/51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: July 28 51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

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JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07331

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5207- 13th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) SCOTT (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 7th (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/15/82

9. AGE last birthday: 68 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Transp. Service

10b. KIND OF BUSINESS OR INDUSTRY: U.S. A.A.F.

11. BIRTHPLACE (State or foreign country): Portrowan, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David W. Smith

14. MOTHER'S MAIDEN NAME: Harietta Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval between onset and death: 4 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15th, 1951, to July 7th, 1951, that I last saw the deceased alive on July 7th, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 7/7/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 7/10/51 | NAME OF CEMETERY OR CREMATORY: Georgetown Washington Cem. | LOCATION (City, town, or county): Hyattsville (State): Md.

DATE REC'D BY LOCAL REG. 7/7/51 | REGISTRAR'S SIGNATURE: Mae Green | 24. FUNERAL DIRECTOR: Neal Funeral Home | ADDRESS: 4812 Bway

Work DC

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JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07332

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md | LENGTH OF STAY (In this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 5403 - 38 Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	CLARK	SPARR	July	24	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	1/14/1882	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Credit Mgr	Standard Oil Co	Illinois	U.S.A.

13. FATHER'S NAME: Hans Sparr
14. MOTHER'S MAIDEN NAME: Agusta Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Ann E. Sparr Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-22, 1957, to 7-24, 1957, that I last saw the deceased alive on 7-6, 1957, and that death occurred at 5:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ronald S. Fletcher M.D. 5432 Annes Chapel Rd Hyattsville Md 7-24-57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Interment	7/26/57	Concordia Cemetery	Park Ridge	Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25 1957	James Sever	E. Gasch & Son	Hyattsville Md

VS. A-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — MARYLAND — LENGTH OF STAY (In this place) North — HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — STREET ADDRESS (If rural, give location) Brown Station Road

3. NAME OF DECEASED (Type or Print): (First) Jacqueline (Middle) Regina (Last) Thompson

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write one): Single

8. DATE OF BIRTH: June 22, 1957

9. AGE last birthday: yrs. — If under 1 year: Months 1 — Days 2 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthews Coates

14. MOTHER'S MAIDEN NAME: Pearline Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Pearline Thompson, Forestville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to overlaying of mother

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Forestville — (COUNTY) P.G. — (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 24 (Year) 57 (Hour) 5 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Mother lay on her while sleeping.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd — (Degree or title) M.D. — ADDRESS: Forestville Md. — DATE SIGNED: 7/24/57

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 7-25-57 — NAME OF CEMETERY OR CREMATORY: Private Cemetery — LOCATION (City, town, or county) (State): Brown Sta. Rd. Md.

DATE REC'D BY LOCAL REG.: July 24 1957 — REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR — ADDRESS: Morse Barnes, Upper Marlboro, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY University Hills Md Prince George's Cty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Hills
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3426 Rutger St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3426 Rutger St COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Hills Md
STREET ADDRESS (If rural, give location) 3426 Rutger St. University Hills Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rommie Elsworth Turner
4. DATE OF DEATH (Month) (Day) (Year): 7 29 1951
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9/18/1888
9. AGE last birthday: 63 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired Police D.C.
11. BIRTHPLACE (State or foreign country): Raleigh, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jefferson Turner
14. MOTHER'S MAIDEN NAME: Martha Strong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No. 719-16-3776
17. INFORMANT: James Elsworth Turner (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. - Cheverly - Hyattsville, Md. - T-29-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL
DATE THEREOF: Aug. 2, 1951
NAME OF CEMETERY ~~OR CREMATORY~~: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: July 30, 1951
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy Reg.)
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Co., Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 31 1951
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0733

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: plea... write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Unknown - Pronounced in P.G. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Open Hill; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Public Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown; STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) Unidentified (Middle) at this (Last) time

4. DATE OF DEATH: (Month) Pronounced (Day) 7-26 (Year) - 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 45 to 50 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. - Cheverly - Hyattsville, Md 8-7-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 12, 1951 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Howard University Washington DC

DATE REC'D BY LOCAL REG. 8/12/51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Fleischer Hyattsville Md | ADDRESS

Unidentified white woman found 20 ft off the edge of Indian Head Highway, near Open Hill, Md on Feb. 26-1951.

Examinations by F.B.I. have not yet identified deceased. Five finger prints are on file and identification may later be established.

Dr. J.D. Maloney

RECEIVED
AUG 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (RURAL)
LENGTH OF STAY (in this place): 1 yr. 0 mo., 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2018 Florida Ave., N.W.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E (Last) VINCENT

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1951

5. SEX: Male MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/14/90

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, D.C. Health Dept.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Charleston, S.Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard E. Vincent

14. MOTHER'S MAIDEN NAME: Gertrude C. Wyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — Interval between onset and death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1950, to 7/21, 1951, that I last saw the deceased alive on 7/20, 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Duncan M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 7/21/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: July 24, 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG. 7/21/51 — REGISTRAR'S SIGNATURE: Neil Wren — 24. FUNERAL DIRECTOR — ADDRESS: J. W. Lee's Sons Co. - 300-4th St. S.E.

VS. A15

RECEIVED
JUL 27 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07337

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)
LENGTH OF STAY (in this place) 6 mos., and 17 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 336 Elm Street, N. W.

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) (Last) WASHINGTON
4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/23/1899
9. AGE last birthday 51 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY Wardman Pk. Hotel
11. BIRTHPLACE (State or foreign country) Rowland, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hezekiah Washington
14. MOTHER'S MAIDEN NAME Ella Weair(?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 238-16-5296
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 year 4 months

002x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1·8, 1951, to 7·25, 1951, that I last saw the deceased alive on 7·25, 1951, and that death occurred at 1-15 a. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 7/25/51

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify) DATE THEREOF 7/25/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 7/25/51 REGISTRAR'S SIGNATURE Wm. Weiss
24. FUNERAL DIRECTOR by Robt. Kelly Carver Memorial — 29 H. Street N.W. ADDRESS

680036

RECEIVED
JUL 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07338 232

Reg. Dist. No.

1. PLACE OF DEATH:
County Prince Georges
City or town Washington 19 DC
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Sept Oct 16 1946
Hospital, institution, or street address where death occurred:
Alms House - Prince Georges Co. Washington 19 DC
How long in hospital or institution? 4 1/2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Washington 19 DC
(If outside city or town limits, write RURAL and give nearest town)
Street No. Darcey Road 6501
(If rural, give LOCATION)
2.(a) If veteran, name war unknown

3.(a) FULL NAME Charles Owen Wood

3.(b) Social Security Number unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife Frasier Peterson
6.(c) If alive, give age Unknown

7. Birth date of deceased (mo., day, yr.) Feb 5 1862

8. AGE:

Years	Months	Days	If less than one day
89			..... hrs. ..... min.

9. Birthplace Prince Georges Co
(Town, county, and state)
10. Usual occupation Gardener
11. Industry or business Retired
FATHER 12. Name Chas. Thomas Wood
13. Birthplace Pr. Geo. Co
MOTHER 14. Maiden name Rachel Tyson
15. Birthplace Pr Geo. County
16. Informant Alms House Record
Address Washington 19 DC
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 1 51 (month) (day) (year)
Cemetery or crematory Mt. Carmel
Location Upper Marlboro - Md
18. Funeral director Litchie Bros
Address Upper Marlboro Md
19. July 30 1951 Carl Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1951 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1951 to July 29 1951 and that I last saw him alive on July 28 1951

	DURATION
Immediate cause of death Hemorrhage from intestine	6 hrs
Due to Epithelioma of Soft Palate with metastasis	1 years
Due to Diabetes Mellitus	2 yrs
Other conditions General arteriosclerosis	unknown
144X 45C (Include pregnancy within 3 months of death)	

Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide natural Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul O'Leary Hatch M. D.
Address 5449 Seward St Washington DC Date signed July 29 1951

Registered July 30 1951

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

260+

RECEIVED
AUG 2 1951
BUREAU V. S.